Shoulder to Shoulder

FINDING STRENGTH and HOPE TOGETHER

Reducing the Stigma and Fear of Getting Help

- What is stigma?
- What are some ways Army Leadership has sought to reduce stigma?
- Who were some of the individuals who sought help in the video, what were the reasons, and what were the outcomes?
- How many of the participants in the video referred themselves for help or treatment? What were the outcomes?
- What can leaders do to help overcome stigma and encourage self-referral among subordinate personnel?

The Importance of Resilience

- What is resilience?
- What were some ideas of resilient behaviors as understood by the participants in the video?
- What are some ways that members of the Army Family can increase their resilience?
- Can resilience be taught? Why? Why not?
- What are some resilient behaviors shown in the video?
- What are some of the dimensions of resilience?
- How does resilience relate to the prevention of suicide?
- How can leaders encourage resilient behaviors?

Risk Factors of Psychological Distress and the Warning Signs

- What is the difference between a risk factor and a warning sign?
- What are some risk factors that may make people more susceptible to psychological distress?
- What may be some of the warning signs for suicide?
- What are some stressful life events that may increase the risk of suicide?
- Can suicide be prevented?

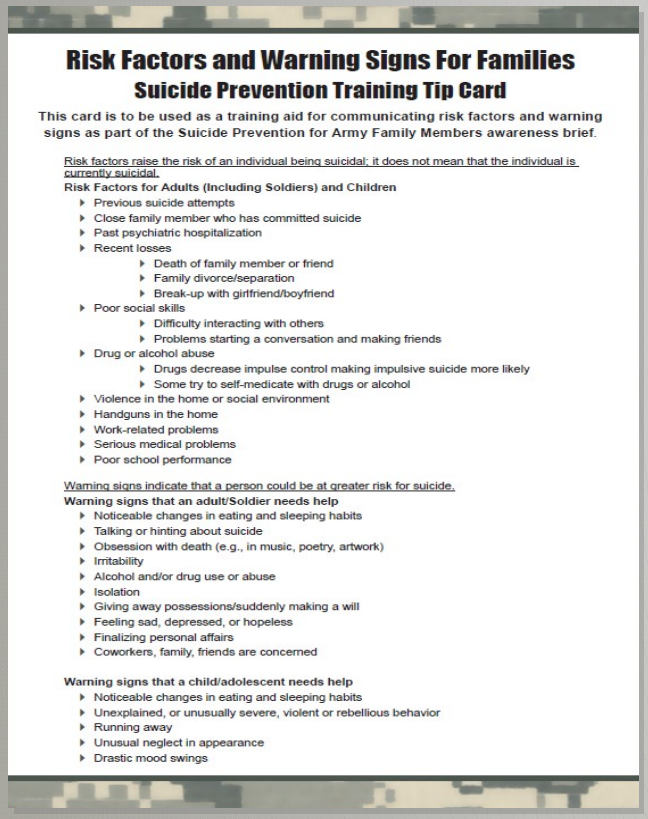
Leadership Intervention

- What were some of the successful interventions in the video?
- What were your reactions to the interventions in the video?
- Would you intervene with someone at risk of suicide? Why? Why not?
- What are some of your experiences with interventions?
- What are the two programs in the Army that can help you develop suicide intervention skills?

Understanding Suicide Prevention Resources

- What is the difference between resources for crisis/emergency intervention and resources for information or counseling? Give some examples.
- Can individuals receive free and confidential counseling, and from whom?
- Does everyone have the local resource numbers available (i.e., programmed into your cell phone, on a card, or in a notebook)?
  - CONUS: National Suicide Prevention Lifeline 1-800-273-TALK (8255)
  - OCONUS: National Suicide Prevention Lifeline International Access Code +800-273-TALK (8255) Military OneSource: 1-800-342-9647

Suicide Prevention Training Cards



Risk Factors and Warning Signs For Families
Suicide Prevention Training Tip Card

This card is to be used as a training aid for communicating risk factors and warning signs as part of the Suicide Prevention for Army Family Members awareness brief.

Risk factors raise the risk of an individual being suicidal; it does not mean that the individual is currently suicidal.

Risk Factors for Adults (Including Soldiers) and Children

- Previous suicide attempts
- Close family member who has committed suicide
- Past psychiatric hospitalization
- Recent losses
  - Death of family member or friend
  - Family divorce/separation
  - Break-up with girlfriend/boyfriend
- Poor social skills
  - Difficulty interacting with others
  - Problems starting a conversation and making friends
- Drug or alcohol abuse
  - Drugs decrease impulse control making impulsive suicide more likely
  - Some try to self-medicate with drugs or alcohol
- Violence in the home or social environment
- Handguns in the home
- Work-related problems
- Serious medical problems
- Poor school performance

Warning signs indicate that a person could be at greater risk for suicide.

Warning signs that an adult/Soldier needs help

- Noticeable changes in eating and sleeping habits
- Talking or hinting about suicide
- Obsession with death (e.g., in music, poetry, artwork)
- Irritability
- Alcohol and/or drug use or abuse
- Isolation
- Giving away possessions/suddenly making a will
- Feeling sad, depressed, or hopeless
- Finalizing personal affairs
- Coworkers, family, friends are concerned

Warning signs that a child/adolescent needs help

- Noticeable changes in eating and sleeping habits
- Unexplained, or unusually severe, violent or rebellious behavior
- Running away
- Unusual neglect in appearance
- Drastic mood swings

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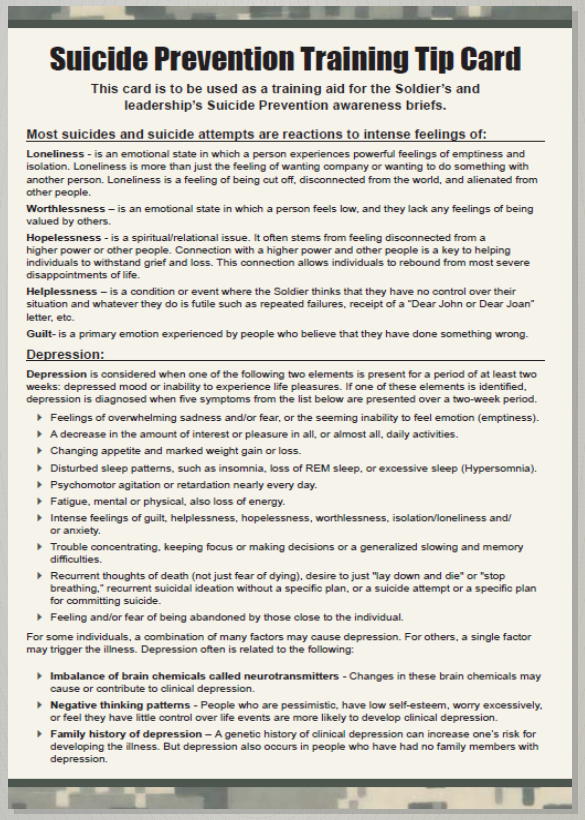

Suicide Prevention Training Tip Card

This card is to be used as a training aid for the Soldier's and leadership's Suicide Prevention awareness briefs.

Most suicides and suicide attempts are reactions to intense feelings of:

Loneliness - is an emotional state in which a person experiences powerful feelings of emptiness and isolation. Loneliness is more than just the feeling of wanting company or wanting to do something with another person. Loneliness is a feeling of being cut off, disconnected from the world, and alienated from other people.

Worthlessness – is an emotional state in which a person feels low, and they lack any feelings of being valued by others.

Hopelessness - is a spiritual/relational issue. It often stems from feeling disconnected from a higher power or other people. Connection with a higher power and other people is a key to helping individuals to withstand grief and loss. This connection allows individuals to rebound from most severe disappointments of life.

Helplessness – is a condition or event where the Soldier thinks that they have no control over their situation and whatever they do is futile such as repeated failures, receipt of a "Dear John or Dear Joan" letter, etc.

Guilt- is a primary emotion experienced by people who believe that they have done something wrong.

Depression:

Depression is considered when one of the following two elements is present for a period of at least two weeks: depressed mood or inability to experience life pleasures. If one of these elements is identified, depression is diagnosed when five symptoms from the list below are presented over a two-week period.

- Feelings of overwhelming sadness and/or fear, or the seeming inability to feel emotion (emptiness).
- A decrease in the amount of interest or pleasure in all, or almost all, daily activities.
- Changing appetite and marked weight gain or loss.
- Disturbed sleep patterns, such as insomnia, loss of REM sleep, or excessive sleep (Hypersomnia).
- Psychomotor agitation or retardation nearly every day.
- Fatigue, mental or physical, also loss of energy.
- Intense feelings of guilt, helplessness, hopelessness, worthlessness, isolation/loneliness and/or anxiety.
- Trouble concentrating, keeping focus or making decisions or a generalized slowing and memory difficulties.
- Recurrent thoughts of death (not just fear of dying), desire to just "lay down and die" or "stop breathing," recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- Feeling and/or fear of being abandoned by those close to the individual.

For some individuals, a combination of many factors may cause depression. For others, a single factor may trigger the illness. Depression often is related to the following:

- **Imbalance of brain chemicals called neurotransmitters** - Changes in these brain chemicals may cause or contribute to clinical depression.
- **Negative thinking patterns** - People who are pessimistic, have low self-esteem, worry excessively, or feel they have little control over life events are more likely to develop clinical depression.
- **Family history of depression** – A genetic history of clinical depression can increase one's risk for developing the illness. But depression also occurs in people who have had no family members with depression.

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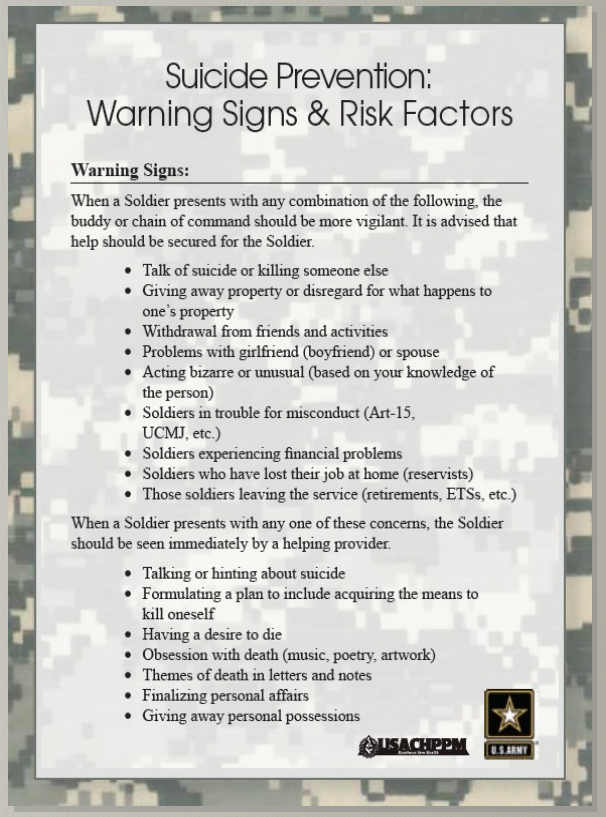

Suicide Prevention: Warning Signs & Risk Factors

Warning Signs:

When a Soldier presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the Soldier.

- Talk of suicide or killing someone else
- Giving away property or disregard for what happens to one's property
- Withdrawal from friends and activities
- Problems with girlfriend (boyfriend) or spouse
- Acting bizarre or unusual (based on your knowledge of the person)
- Soldiers in trouble for misconduct (Art-15, UCMJ, etc.)
- Soldiers experiencing financial problems
- Soldiers who have lost their job at home (reservists)
- Those soldiers leaving the service (retirements, ETSs, etc.)

When a Soldier presents with any one of these concerns, the Soldier should be seen immediately by a helping provider.

- Talking or hinting about suicide
- Formulating a plan to include acquiring the means to kill oneself
- Having a desire to die
- Obsession with death (music, poetry, artwork)
- Themes of death in letters and notes
- Finalizing personal affairs
- Giving away personal possessions

USACHPPM

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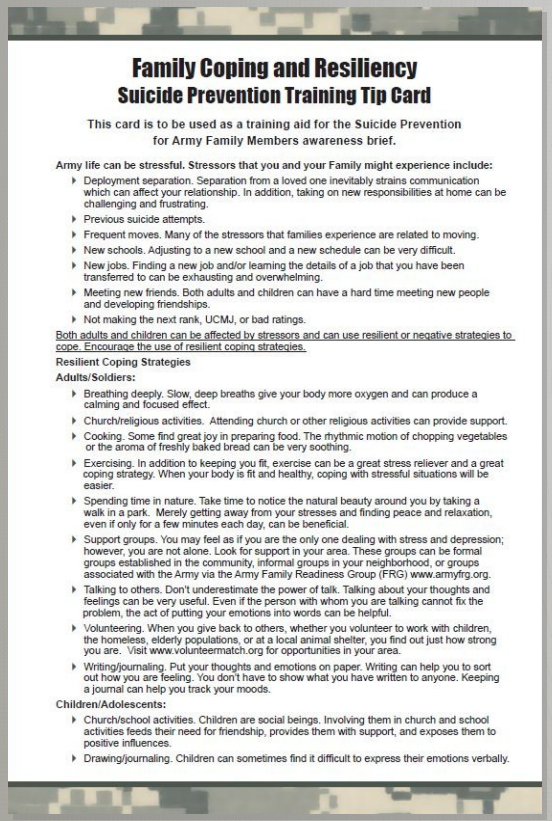
Suicide Prevention Training Cards



Family Coping and Resiliency
Suicide Prevention Training Tip Card

This card is to be used as a training aid for the Suicide Prevention for Army Family Members awareness brief.

Army life can be stressful. Stressors that you and your Family might experience include:

- Deployment separation. Separation from a loved one inevitably strains communication which can affect your relationship. In addition, taking on new responsibilities at home can be challenging and frustrating.
- Previous suicide attempts.
- Frequent moves. Many of the stressors that families experience are related to moving.
- New schools. Adjusting to a new school and a new schedule can be very difficult.
- New jobs. Finding a new job and/or learning the details of a job that you have been transferred to can be exhausting and overwhelming.
- Meeting new friends. Both adults and children can have a hard time meeting new people and developing friendships.
- Not making the next rank, UCMJ, or bad ratings.

Both adults and children can be affected by stressors and can use resilient or negative strategies to cope. Encourage the use of resilient coping strategies.

Resilient Coping Strategies

Adults/Soldiers:

- Breathing deeply. Slow, deep breaths give your body more oxygen and can produce a calming and focused effect.
- Church/religious activities. Attending church or other religious activities can provide support.
- Cooking. Some find great joy in preparing food. The rhythmic motion of chopping vegetables or the aroma of freshly baked bread can be very soothing.
- Exercising. In addition to keeping you fit, exercise can be a great stress reliever and a great coping strategy. When your body is fit and healthy, coping with stressful situations will be easier.
- Spending time in nature. Take time to notice the natural beauty around you by taking a walk in a park. Merely getting away from your stresses and finding peace and relaxation, even if only for a few minutes each day, can be beneficial.
- Support groups. You may feel as if you are the only one dealing with stress and depression; however, you are not alone. Look for support in your area. These groups can be formal groups established in the community, informal groups in your neighborhood, or groups associated with the Army via the Army Family Readiness Group (FRG) www.armyfrg.org.
- Talking to others. Don't underestimate the power of talk. Talking about your thoughts and feelings can be very useful. Even if the person with whom you are talking cannot fix the problem, the act of putting your emotions into words can be helpful.
- Volunteering. When you give back to others, whether you volunteer to work with children, the homeless, elderly populations, or at a local animal shelter, you find out just how strong you are. Visit www.volunteermatch.org for opportunities in your area.
- Writing/journaling. Put your thoughts and emotions on paper. Writing can help you to sort out how you are feeling. You don't have to show what you have written to anyone. Keeping a journal can help you track your moods.

Children/Adolescents:

- Church/school activities. Children are social beings. Involving them in church and school activities feeds their need for friendship, provides them with support, and exposes them to positive influences.
- Drawing/journaling. Children can sometimes find it difficult to express their emotions verbally.

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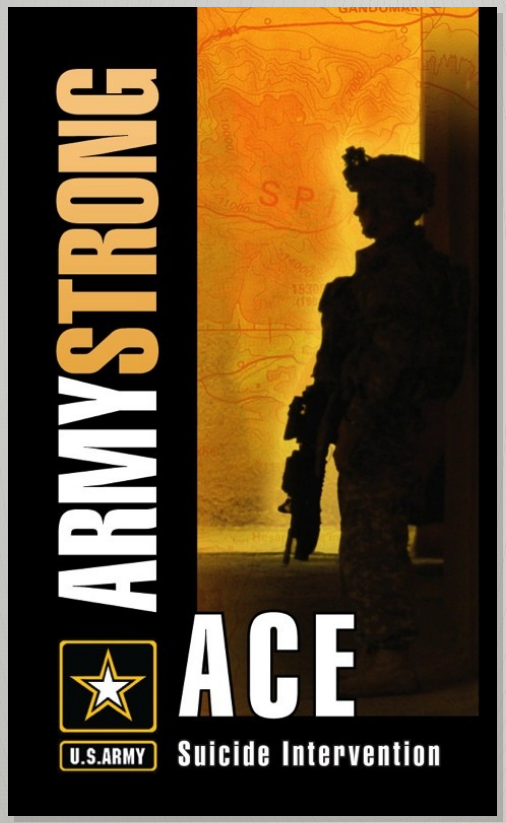

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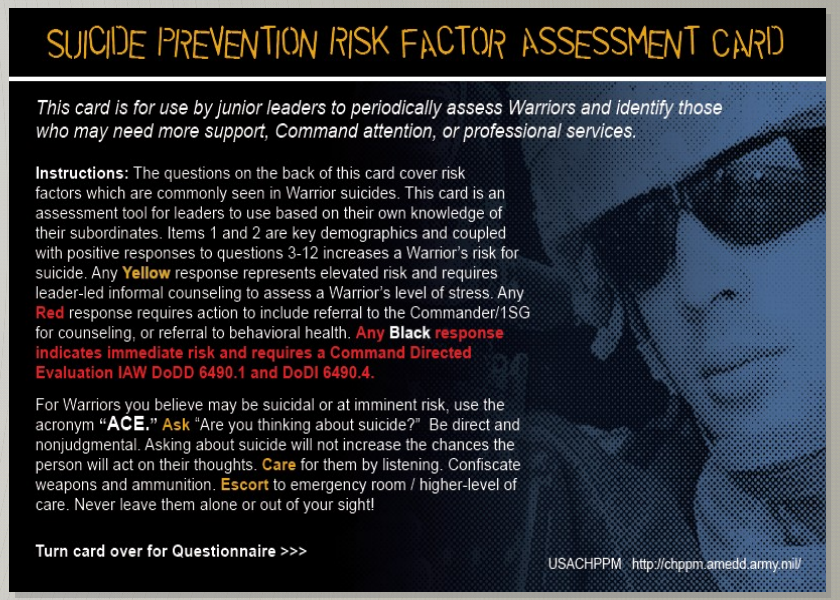

SUICIDE PREVENTION RISK FACTOR ASSESSMENT CARD

This card is for use by junior leaders to periodically assess Warriors and identify those who may need more support, Command attention, or professional services.

Instructions: The questions on the back of this card cover risk factors which are commonly seen in Warrior suicides. This card is an assessment tool for leaders to use based on their own knowledge of their subordinates. Items 1 and 2 are key demographics and coupled with positive responses to questions 3-12 increases a Warrior's risk for suicide. Any **Yellow** response represents elevated risk and requires leader-led informal counseling to assess a Warrior's level of stress. Any **Red** response requires action to include referral to the Commander/1SG for counseling, or referral to behavioral health. **Any Black response indicates immediate risk and requires a Command Directed Evaluation IAW DoDD 6490.1 and DoDI 6490.4.**

For Warriors you believe may be suicidal or at imminent risk, use the acronym **"ACE."** **Ask** "Are you thinking about suicide?" Be direct and nonjudgmental. Asking about suicide will not increase the chances the person will act on their thoughts. **Care** for them by listening. Confiscate weapons and ammunition. **Escort** to emergency room / higher-level of care. Never leave them alone or out of your sight!

Turn card over for Questionnaire >>>

USACHPPM http://chppm.amedd.army.mil/

(GTA 117-0809)

Discussion